



Inpatient Services

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UB-92 Patient Status Code Descriptions Updated

Effective retroactively for dates of service on or after May 18, 2006, patient status codes entered in the *Status* field (Box 22) of the *UB-92 Claim Form* have been modified. These code description changes will not affect claims processing.

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------------------------------------------------------------------------------------------------------------------|
| 02 | Discharged/transferred to a short-term general hospital for inpatient care |
| 03 | Discharged/transferred to a Skilled Nursing Facility (SNF) with Medicare certification in anticipation of covered skilled care |
| 05 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list |

The updated information is reflected on manual replacement pages [ub comp ip 8](#) (Part 2) and page 2 of the [Code Correlation Guide](#), located at the end of [ub comp ip](#) (Part 2).

2006 CPT-4/HCPSCS Updates: Implementation November 1, 2006

The 2006 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes will be effective for Medi-Cal for dates of service on or after November 1, 2006. The affected codes are listed below. Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2006 CPT-4 and HCPCS Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update*.

CPT-4 Code Additions

Anesthesia

01965, 01966

Surgery

15040, 15110, 15111, 15115, 15116, 15130, 15131, 15135, 15136, 15150, 15151, 15152, 15155 – 15157, 15170, 15171, 15175, 15176, 15300, 15301, 15320, 15321, 15330, 15331, 15335, 15336, 15340, 15341, 15360, 15361, 15365, 15366, 15420, 15421, 15430, 15431, 22010, 22015, 22523 – 22525, 28890, 32503, 32504, 33507, 33548, 33768, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33925, 33926, 36598, 37184 – 37188, 37718, 37722, 43770 – 43774, 43848, 43886 – 43888, 44180, 44186 – 44188, 44213, 44227, 45395, 45397, 45400, 45402, 45499, 45990, 46505, 46710, 46712, 50250, 50382, 50384, 50387, 50389, 50592, 51999, 53850, 57295, 58110, 61630, 61635, 61640 – 61642, 64650, 64653

Radiology

75956 – 75959, 76376, 76377, 77421 – 77423

Please see CPT-4/HCPSCS, page 2

Pathology and Laboratory

80195, 82271, 82272, 83631, 83695, 83700, 83701, 83704, 83900, 83907 – 83909, 83914, 86200, 86355, 86357, 86367, 86480, 86923, 86960, 87209, 87900, 88333, 88334, 89049

Medicine

90760 – 90768, 90779, 91022, 92626, 92627, 92630, 92633, 95865, 95866, 95873, 95874, 96101, 96116, 96118, 96401, 96402, 96409, 96411, 96413, 96415 – 96417, 96521 – 96523, 99143 – 99150, 99304 – 99310, 99324 – 99328, 99334 – 99337

HCPCS Level II Code Additions

Radiopharmaceuticals

A4641, A4642, A9500, A9502 – A9505, A9507, A9508, A9510, A9512, A9516, A9517, A9521, A9524, A9526, A9536 – A9567, A9600, A9605, A9698, A9699, C2634, C2635, C2637, Q9945 – Q9957

Surgery

C9724, C9725, S2068, S2075 – S2079, S2114, S2117

Injections and Drugs

A9535, C9225, J0132, J0133, J0135, J0278, J0480, J0795, J0881, J0882, J0885, J0886, J1162, J1265, J1451, J1640, J1675, J1751, J1752, J1945, J2278, J2325, J2425, J2503, J2504, J2805, J2850, J3285, J7306, J9175, J9225, J9264, Q0515, Q4079, S0145

Blood Factors

J7188, J7189

Cochlear Implant Lithium Batteries

L8623, L8624

Implantable Devices and Supplies

E0616, L8680 – L8689

Ventricular Assist Devices and Supplies

Q0480 – Q0505

CPT-4 Codes with Description Changes

Surgery

15000, 15001, 15100, 15101, 15120, 15121, 15200, 15240, 15260, 15400, 15401, 16020, 16025, 16030, 30130, 30140, 30801, 30930, 31520, 31525, 31526, 31530, 31531, 31535, 31536, 31540, 31541, 31560, 31561, 31570, 31571, 33502, 34833, 34834, 37209, 44202, 44310, 44320, 45119, 45540, 45550, 50688, 52647, 52648, 57421, 64613, 67901, 67902, 69725

Radiology

75900, 76012, 77412, 78608, 78609, 78811 – 78816

Pathology and Laboratory

82270, 83036, 83630, 83898, 83901, 84238, 86022, 86023, 86920 – 86922, 87534 – 87539, 87901 – 87904, 88175

Vaccines

90713

Medicine

90657, 90658, 90870, 90940, 91020, 92506, 92507, 92520, 92568, 92569, 96405, 96406, 96420, 96422, 96423, 97024, 97811, 97813, 97814

Please see CPT-4/HCPCS, page 3

CPT-4/HCPCS (continued)

HCPCS Level II Codes with Description Changes**Radiopharmaceuticals**

A4641, A9528 – A9532

CPT-4 Code Deletions**Anesthesia**

01964

Surgery

15342, 15343, 15350, 15351, 15810, 15811, 16010, 16015, 21493, 21494, 31585, 31586, 32520, 32522, 32525, 33918, 33919, 37720, 37730, 42325, 42326, 43638, 43639, 44200, 44201, 44239, 69410

Radiology

76375, 78160, 78162, 78170, 78172, 78455, 78990, 79900

Pathology and Laboratory

82273, 83715, 83716, 86064, 86379, 86585, 86587

Medicine

90780 – 90784, 90788, 90799, 90871, 90939, 92330, 92335, 92390 – 92393, 92325, 92396, 92510, 95858, 96100, 96115, 96117, 96400, 96408, 96410, 96412, 96414, 96520, 96530, 96545, 97020, 97504, 97520, 97703, 99052, 99054, 99141, 99142, 99261 – 99263, 99271 – 99275, 99301 – 99303, 99311 – 99313, 99321 – 99323, 99331 – 99333

HCPCS Level II Code Deletions**Radiopharmaceuticals**

A4643 – A4647

Implantable Devices and Supplies

E0752, E0754, E0756 – E0759

California Temporary Codes

X1520, X6112, X6210, X6836, X7030, X7493, X7660, X7662

2007 ICD-9 Diagnosis Code Update

The following diagnosis code additions, inactivations and revisions are effective for claims with dates of service on or after October 1, 2006. Providers may refer to the *2007 International Classification of Diseases, 9th Revision, Clinical Modifications, 6th Edition* for ICD-9 code descriptors.

Additions

The following ICD-9 diagnosis codes are new:

| | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|
| 052.2 | 053.14 | 054.74 | 238.71 | 238.72 | 238.73 | 238.74 |
| 238.75 | 238.76 | 238.79 | 277.30 | 277.31 | 277.39 | 284.01 |
| 284.09 | 284.1 | 284.2 | 288.00 | 288.01 | 288.02 | 288.03 |
| 288.04 | 288.09 | 288.4 | 288.50 | 288.51 | 288.59 | 288.60 |
| 288.61 | 288.62 | 288.63 | 288.64 | 288.65 | 288.69 | 289.53 |
| 289.83 | 323.01 | 323.02 | 323.41 | 323.42 | 323.51 | 323.52 |
| 323.61 | 323.62 | 323.63 | 323.71 | 323.72 | 323.81 | 323.82 |
| 331.83 | 333.71 | 333.72 | 333.79 | 333.85 | 333.94 | 338.0 |
| 338.11 | 338.12 | 338.18 | 338.19 | 338.21 | 338.22 | 338.28 |
| 338.29 | 338.3 | 338.4 | 341.20 | 341.21 | 341.22 | 377.43 |
| 379.60 | 379.61 | 379.62 | 379.63 | 389.15 | 389.16 | 429.83 |
| 478.11 | 478.19 | 518.7 | 519.11 | 519.19 | 521.81 | 521.89 |

Please see ICD-9, page 4

ICD-9 (continued)

Additions (continued)

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 523.00 | 523.01 | 523.10 | 523.11 | 523.30 | 523.31 | 523.32 |
| 523.33 | 523.40 | 523.41 | 523.42 | 525.60 | 525.61 | 525.62 |
| 525.63 | 525.64 | 525.65 | 525.66 | 525.67 | 525.69 | 526.61 |
| 526.62 | 526.63 | 526.69 | 528.00 | 528.01 | 528.02 | 528.09 |
| 538 | 608.20 * | 608.21 * | 608.22 * | 608.23 * | 608.24 * | 616.81 ** |
| 616.89 ** | 618.84 ** | 629.29 ** | 629.81 ** + | 629.89 ** | 649.00 ** + | 649.01 ** + |
| 649.02 ** + | 649.03 ** + | 649.04 ** + | 649.10 ** + | 649.11 ** + | 649.12 ** + | 649.13 ** + |
| 649.14 ** + | 649.20 ** + | 649.21 ** + | 649.22 ** + | 649.23 ** + | 649.24 ** + | 649.30 ** + |
| 649.31 ** + | 649.32 ** + | 649.33 ** + | 649.34 ** + | 649.40 ** + | 649.41 ** + | 649.42 ** + |
| 649.43 ** + | 649.44 ** + | 649.50 ** + | 649.51 ** + | 649.53 ** + | 649.60 ** + | 649.61 ** + |
| 649.62 ** + | 649.63 ** + | 649.64 ** + | 729.71 | 729.72 | 729.73 | 729.79 |
| 731.3 | 768.70 # | 770.87 # | 770.88 # | 775.81 # | 775.89 # | 779.85 # |
| 780.32 | 780.96 | 780.97 | 784.91 | 784.99 | 788.64 | 788.65 |
| 793.91 | 793.99 | 795.06 ** | 795.81 | 795.82 | 795.89 | 958.90 |
| 958.91 | 958.92 | 958.93 | 958.99 | 995.20 | 995.21 | 995.22 |
| 995.23 | 995.27 | 995.29 | V18.51 | V18.59 | V26.34 * | V26.35 * |
| V26.39 * | V45.86 | V58.30 | V58.31 | V58.32 | V72.11 | V72.19 |
| V82.71 | V82.79 | V85.51 | V85.52 | V85.53 | V85.54 | V86.0 ** + |
| V86.1 ** + | | | | | | |

Restrictions

* Restricted to males only

** Restricted to females only

Restricted to ages 0 thru 1 year

+ Restricted to ages 10 thru 99

Inactive Codes

Effective for dates of service on or after October 1, 2006, the following ICD-9 diagnosis codes are no longer reimbursable:

238.7, 277.3, 284.0, 288.0, 323.0, 323.4, 323.5, 323.6, 323.7, 323.8, 333.7, 478.1, 519.1, 521.8, 523.0, 523.1, 523.3, 523.4, 528.0, 608.2, 616.8, 629.8, 775.8, 784.9, 793.9, 995.2, V18.5, V58.3, V72.1

Code Description Revisions

The descriptions of the following ICD-9 diagnosis codes are revised:

255.10, 285.29, 323.1, 323.2, 323.9, 333.6, 345.40, 345.41, 345.50, 345.51, 345.80, 345.81, 389.11, 389.12, 389.14, 389.18, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93, 524.21, 524.22, 524.23, 524.35, 600.00, 600.01, 600.20, 600.21, 600.90, 600.91, 780.31, 780.95, 790.93, 873.63, 873.73, 995.91, 995.92, 995.93, 995.94, V26.31, V26.32

Manual replacement pages reflecting these ICD-9 code updates will be included in a future *Medi-Cal Update*.

Negative Pressure Wound Therapy Billing Reminder

Providers are reminded that CPT-4 codes 97605 – 97606 (Negative Pressure Wound Therapy [NPWT]) are not Medi-Cal benefits. Reimbursement for services described by these codes is included in the payment for HCPCS code E2402 (NPWT electrical pump).

This information is reflected on manual replacement page medne 9 (Part 2).



Vision Care Cutoff Date Reminder for Providers of Vision Care Services Including Outpatient Clinics and Hospitals

On July 1, 2006, the California Department of Health Services (CDHS) discontinued the Vision CMC proprietary claims transaction format regardless of the date services were performed. Additionally, there is a new 50-3 *Treatment Authorization Request* (TAR) form that must be used to request prior authorization for medically necessary contact services and materials, low vision aids and non-Prison Industry Authority items for dates of service on or after July 1, 2006 regardless of media used to bill the claim.

To bill vision services with dates of service on or after July 1, 2006, providers have three options: paper claims, compliant electronic claims submission and electronic claims submission via the Internet (IPCS).

Paper Claims

The *Payment Request for Vision Care and Appliances* (45-1) claim form was end-dated July 1, 2006. The 45-1 can only be used to bill paper claims with dates of service **prior** to July 1, 2006. The *HCFA 1500* claim form must be used to bill paper claims with dates of service on or after July 1, 2006.

Electronic Claim Submission

Providers who successfully completed the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153) and test claims may bill electronically on the HIPAA-compliant 837 v.4010A1 transaction.

The ASC X12N 837 v.4010A1 Professional **Medical** Data Specifications **must** be used to submit vision claims with dates of service on or after July 1, 2006. For dates of service on or after July 1, 2006, the Medical Data Specifications (part of the *837 v.4010A1 Health Care Claim Companion Guide*) has been updated to include the required segments for vision claims. The ASC X12N 837 v.4010A1 Professional **Vision** Data Specifications must be used for claims with dates of service prior to July 1, 2006.

The companion guides are available on the Medi-Cal Web site (www.medi-cal.ca.gov). From the home page, click the “HIPAA” link and then the “ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications” link.

Electronic Claim Submission Using the Internet

Available for claims with dates of service on or after July 1, 2006, the HIPAA-compliant 837 Internet Professional Claim Submission (IPCS) Online Claim Form has been updated to give vision care providers an alternate method of submitting electronic claims through the Medi-Cal Web site. The online claim form has been updated to include new fields for billing vision services. The *Internet Professional Claim Submission (IPCS) User Guide* has been updated to reflect these changes.

The IPCS system allows users to submit single vision service claims in real-time. The IPCS system does not perform online adjudication nor does it accept crossover claims. Claims submitted successfully receive a Claim Control Number (CCN) on the host response screen. If the IPCS system detects errors, the user will receive a “CLAIM REJECTED” message on the host response screen, and the claim can be edited to correct these errors before resubmitting. Submitted claims enter the daily batch cycle of the Medi-Cal claims processing system.

The IPCS system allows faster, more efficient data exchange between providers and CDHS.

*Please see **Vision Care**, page 6*

Vision Care (*continued*)

To use the IPCS system, providers must have both of the following:

- A *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with CDHS for each provider number. If providers currently have valid forms on file, no additional updates are needed. Providers can download the form from the Medi-Cal Web site by clicking the “Forms” link on the home page, then clicking “Medi-Cal Point of Service (POS) Network/Internet Agreement.” Providers should print the form, complete, sign and return it to Medi-Cal at the address shown on the form.
- A valid Computer Media Claims (CMC) submitter ID and password. To obtain or update your ID and password, complete the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHS 6153), which can be downloaded from the “Forms” page of the Medi-Cal Web site. Check the “Internet” box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 4010X098 where indicated in the ANSI X12N 837 Version section.

Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS Internet options.

As of July 1, 2006, only professional medical and vision claims can be submitted using IPCS; Institutional claims cannot be submitted.

Additional Resources

For more information, in-state providers may call the Telephone Service Center (TSC) at 1-800-541-5555, 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

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Remove and replace: medne 9/10 *
 tar and noncd7 1/2 *
 ub comp ip 7/8

Remove and replace
after *UB-92 Completion*:
Inpatient Services
section: *Code Correlation Guide 1/2*

* Pages updated due to ongoing provider manual revisions.